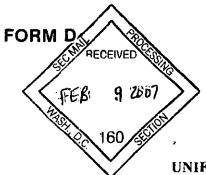
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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR



SEC USE ONLY						
Prefix Serial						
DATE RECEIVED						
		L				

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
	1
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: Rew Filing Amendment	1
A. BASIC IDENTIFICATION DATA	;
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	1
Beyond Gaming, LLC	:
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)	•
24370 Northwestern Hwy, Suite 101, Southfield, MI 48075 (248) 208-0566	• .
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (including Area Code) (if different from Executive Offices)	•
Brief Description of Business PROCE	SSE
	1
	2 2007
Type of Business Organization	
corporation [] limited partnership, already formed [X] other (please specify): limited liabilithOM	
business trust limited partnership, to be formed company FINAN	CIAL
Month Year Actual or Estimated Date of Incorporation or Organization: 0.15 0.16 X Actual Estimated	1
Actual or Estimated Date of Incorporation or Organization: 05 06 X Actual Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	1
CN for Canada; FN for other foreign jurisdiction)	1
GENERAL INSTRUCTIONS	į
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).	1
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.	‡ • • • • • • • • • • • • • • • • • • •
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.	
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.	•
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part E, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.	<u> </u>
Filing Fee: There is no federal filing fee.	ì
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales	!
are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.	<u>}</u>
ATTENTION —	1 1
Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.	

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

A-BASIC (DENTIFICATION DATA)									
2. Enter the information requested for the following:									
 Each promoter of the issuer, if the issuer has been organized within the past five years; 	 Each promoter of the issuer, if the issuer has been organized within the past five years; 								
 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of 	f, 10% or more o	f a class of equity securities of the	issuer.						
• Each executive officer and director of corporate issuers and of corporate general and mana	aging partners of	partnership issuers; and	•						
• Each general and managing partner of partnership issuers.									
Check Box(es) that Apply: X Promoter Beneficial Owner Executive Officer	☐ Director	General and/or Managing Partner							
Full Name (Last name first, if individual)									
Rubin, Gabriel S.									
Business or Residence Address (Number and Street, City, State, Zip Code)									
24370 Northwestern Hwy., Suite 101, Southfield, MI 48075									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, if individual)	1								
Krugel, Noah									
Business or Residence Address (Number and Street, City, State, Zip Code)	-								
24370 Northwestern Hwy., Suite 101, Southfield, MI 48075	<u> </u>								
Check Box(es) that Apply: Promoter X Beneficial Owner X Executive Officer	X Director	General and/or Managing Partner	•						
Full Name (Last name first, if individual)			,						
BG Manager, LLC Business or Residence Address (Number and Street, City, State, Zip Code)									
24370 Northwestern Hwy., Suite 101, Southfield, MI 48075									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner	•						
Full Name (Last name first, if individual)	· 	*****	,						
Business or Residence Address (Number and Street, City, State, Zip Code)		,							
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, if individual)		•	,						
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, if individual)	, , , ,		·						
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Dusiness of Residence (Stations - Interior and Street, Oil), dutie, trip code)		•							
(Use blank sheet, or copy and use additional copies of this she	eet, as necessary	<i></i>							

				V 52	8.1	NFORMAT	ION ABOU	T OFFERI	NG		g page an	26.3 S	
,	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							Yes	No X				
•.	Answer also in Appendix, Column 2, if filing under ULOE.								(E)				
2.									\$ <u>75,0</u>	00.00			
3.	Does the	offering :	permit join	t ownershi	in of a sing	le unit?						Yes	No □
4.	Enter th	e informat	ion request	ted for eac	h person v	vho has bee	en or will t	e paid or	given, dire	ctly or ind	irectly, any	;	Ш
	commiss	sion or sim: on to be lis:	ilar remune ted is an ass	ration for s sociated pe	solicitation erson or age	of purchasent of a broken	ers in conn ker or deale	ection with r registered	sales of sec I with the S	curities in t EC and/or	he offering with a state	:	
	or states	, list the na	me of the b	roker or de	ealer. If me	ore than fiv	e (5) persoi	is to be list	ed are asso				
Ful			first, if indi		· intormati		DIORE! OF		<u>'</u>		•		•
_													
Bus	siness or l	Residence	Address (N	umber and	d Street, C	ty, State, 2	Lip Code)		•				•
Nar	ne of Ass	ociated Br	oker or De	aler	•	· · · · · · · · · · · · · · · · · · ·					,		
Sta	les in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers	· · · · · · · · · · · · · · · · · · ·					
	(Check	All States	or check	individual	States)	••••••	••••	•••••••			••••••	☐ Ai	l States
	AL	ĀK	AZ	AR	CA	CO	CT	DE	DC	FL.	GA	H	ĪD
		IN		KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT]	NE SC	NV SD	NH TN	TX)	NM UT	NY VT	NC VA	ND WA	OH WV	(OK) WI	OR WY	PA PR
						——————————————————————————————————————							
Ful	l Name (1	ast name i	first, if indi	viduai)	•								
Bus	iness or	Residence	Address (N	lumber an	d Street, C	ity, State, 2	Zip Code)						
Nar	ne of Ass	ociated Bro	oker or Dea	aler	·-····································								
<u></u>		ah Danna	Listed Has	Colinitad	an Intende	to Soliait I	Ovenhasura						
Stat			" or check i						**************		1********	□ Al	l States
	·	AK	AZ	AR	CA	col	CT	DE	DC	(FL)	GA		Œ
	AL IL	IN	IA.	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	ŌK.	OR	PA
	RI	SC.	SD	TN	TX]	UT)	VT	VA	ŴA	WV	WI]	WY.	PR
Ful	l Name (l	ast name f	irst, if indi	vidual)									
Bus	Business or Residence Address (Number and Street, City, State, Zip Code)												
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)									Al	l States			
AL AK AZ AR CA CO CT DE DC FL GA								HI	ID				
	TL (VAT)	IN	[A]	KS	KY (NI)	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	MT RI	NE SC	NV SD	TN	TX]	UT	VT	VA	WA	WV	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE: NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 24

	already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt		
	Equity	\$750,000	\$225,000
			1
	Convertible Securities (including warrants)		
	Partnership Interests		
	Other (Specify)		
	Total	\$750,000	\$225,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregat e
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	3	\$225,000
	Non-accredited Investors	0	s
	Total (for filings under Rule 504 only)	3	\$225,000
	Answer also in Appendix, Column 4, if filing under ULOE.		
•	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amoun Sold
	Rule 505		\$0
	Regulation A		\$ <u>0</u>
	Rule 504		\$ <u>0</u>
	Total		\$ <u>0</u>
	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		s
	Legal Fees	<u>X</u>	\$50,000
	Accounting Fees	<u>X</u>	
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		s
		•	
	Other Expenses (identify)		\$

	C. OFFERING PRICE NUMBI	ER OF INVESTORS EXPENSES AND USE OF PL	OCCEDS	
	b. Enter the difference between the aggregate offerin and total expenses furnished in response to Part C — Q proceeds to the issuer."	uestion 4.a. This difference is the "adjusted gross		\$692,000
5.	Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for any check the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part C	purpose is not known, furnish an estimate and he payments listed must equal the adjusted gross		•
	·	·	Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees] S	ss
	Purchase of real estate]\$	S
	Purchase, rental or leasing and installation of machi	nery	7\$	\$
	Construction or leasing of plant buildings and facili			_
	Acquisition of other businesses (including the value offering that may be used in exchange for the assets issuer pursuant to a merger)	of securities involved in this or securities of another		_
	Repayment of indebtedness			
	Working capital	_		
	Other (specify):	-	-	_
]\$	\$\$
	Column Totals	· · · · · · · · · · · · · · · · · · ·	\$ <u>692,000</u>	<u> \$0</u>
	Total Payments Listed (column totals added)		X \$ 69	2,000
Š.		D FEDERAL SIGNATURE		
igr	issuer has duly caused this notice to be signed by the unature constitutes an undertaking by the issuer to furnished by the issuer to any non-accret	ndersigned duly authorized person. If this notice is to the U.S. Securities and Exchange Commiss	ion, upon writter	
	er (Print or Type) yond Gaming, LLC	ispature D	ate 2 6 1	» ¬
_		Fitle of Signer (Print or Type)		
	she Rubin	Managing Manse	/	
9	abe 1005in	reachaging)	· •	

END

ATTENTION

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)